City of Dunwoody 41 Perimeter Center East Ste 250 Dunwoody, GA 30346 Phone (678) 382-6700 Fax (770) 396-4705

DEPARTMENT OF FINANCE

CITY OF DUNWOODY BUSINESS REGISTRATION OFFICIAL MAIL, LOCATION, OR DESCRIPTION CHANGE REQUEST

		-	Account#:	
Name: Mailing Address:				
DATE IONLIED		E USE ONLY	O.	_
DATE ISSUED:	ZON	IING:		
APPROVEDDENIED	BY DIST	LOT ANCES:	BLOCK F	PARCEL
POLICEFIRE	HEALTH	CO		
(Please Enter New Mailing Ad				
1. Change Address Of: Descript Mailing Owners Business (P			of Ownership Char le Partnership/Associa	
Triaming Switchs Dusiness(1)	ily sicar)		le Partnership/Associa	
3. Move Date:	D D Y Y Y Y	4. Status Ch	ange Date:	D D Y Y Y Y
5. Account No.				
6. Old Business Name				
7. New Business Name				
8a.If Business Moved, Print Business				
Name				
8b. OLD Address	-			
8c. OLD APT. or Suite#			0 -	8d.
8d. OLD CITY			8c. State	ZIP
9a. NEW Address				
9a. OLD APT. or Suite#				
9b. NEW CITY	'		9c. State	9d. ZIP
10a. OLD Business Process Description				
10b. NEW Business Process Description				
11. Print and Sign Print:		12. Date Signed:	M D D Y Y Y Y	OFFICIAL USE ONLY Received Date BY